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NILS PETER MICKELSON	(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/691,957	10/23/2003	Joseph B. Seale	03-040	6316

TITLE OF INVENTION: STATE SPACE CONTROL OF SOLENOIDS

APPLN. TYPĖ	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE DATE DUE	
nonprovisional	(YES J&S	\$700		\$300	\$1000	09/14/2006
EXAN	4INER	ART UN	UT	CLASS-SUBCLASS]	
ROMAN, LUIS ENRIQUE		2836		361-152000	•	
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	EE	Correspondence tion form of a Customer E PRINTED ON Telow, no assignee of this form is NO	(1) the na or agents (2) the na registered 2 registered listed, no of the part	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as attorney or agent) and the naned patent attorneys or agents. If name will be printed. I (print or type) Dear on the patent. If an assign for filing an assignment. ENCE: (CITY and STATE OR Content):	a member a 2 2 3 3 3 3 4 COUNTRY)	
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